

# REFUND / ADJUSTMENT FORM

FORT SASKATCHEWAN MINOR SPORTS ASSOCIATION

DATE: \_\_\_\_\_

SPORT: \_\_\_\_\_

PLAYERS NAME: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

REASON FOR REFUND / ADJUSTMENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

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*OFFICE USE ONLY*

AMOUNT PAID \_\_\_\_\_

% REFUND \_\_\_\_\_

ADJUSTMENT \_\_\_\_\_

AMOUNT \_\_\_\_\_

CHEQUE OR CREDIT (CIRCLE ONE)

APPROVED BY: \_\_\_\_\_